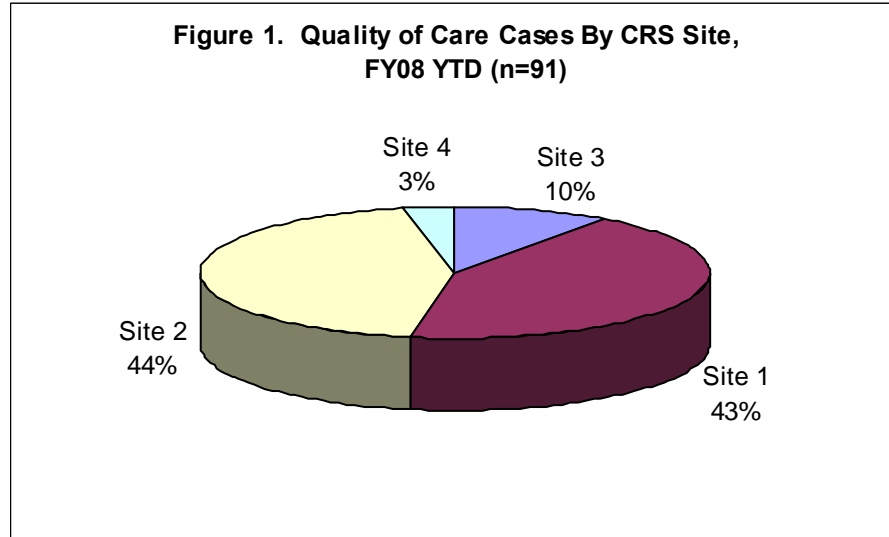


Quality of Care Cases, Fiscal Year 2008, YTD

This report is based upon a total of 91 quality of care cases that were closed in the 1st and 2nd quarters of FY08. Among these cases, 86 were open in FY08 and five were open prior to FY08.

Of the 91 quality of care cases, 44 percent were submitted by Site 2 (n=40) and 43 percent were submitted by Site 1 (n=39). Figure 1 illustrates the distribution of quality of care cases by CRS Site.



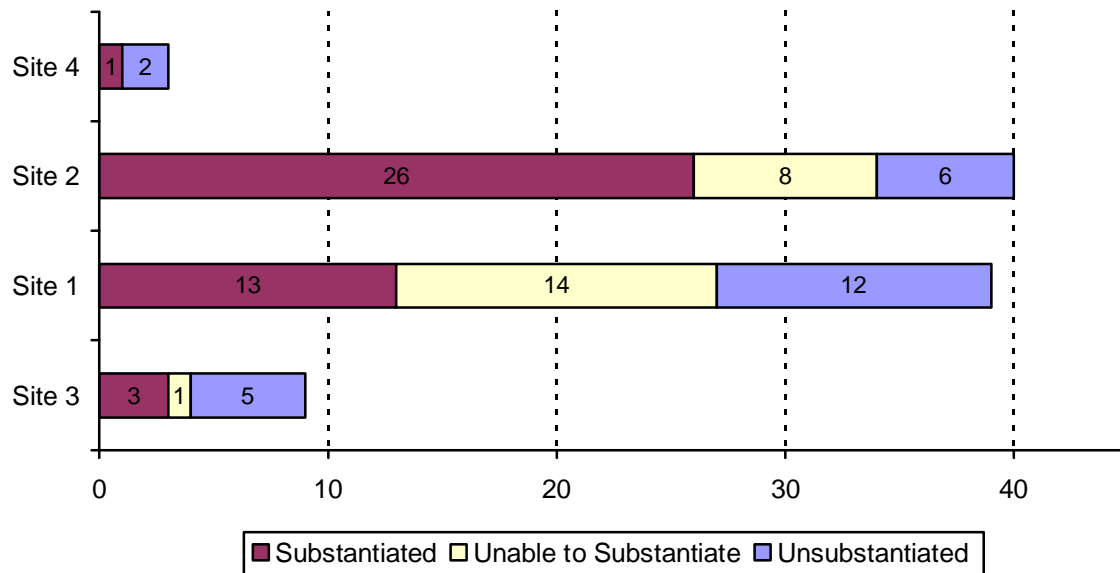
The overall rate of quality of care cases for all sites was 4.20 cases per 1,000 members. Site 2 had the highest number of cases per 1,000 members (8.00). Table 1 shows the number of quality of care cases per 1,000 members by CRS site.

Table 1. Number of Quality of Care Cases per 1,000 members by CRS Site, FY08 YTD

Site	Number of cases per 1,000 members
Site 3	4.30
Site 1	2.87
Site 2	8.00
Site 4	3.03
Overall	4.20

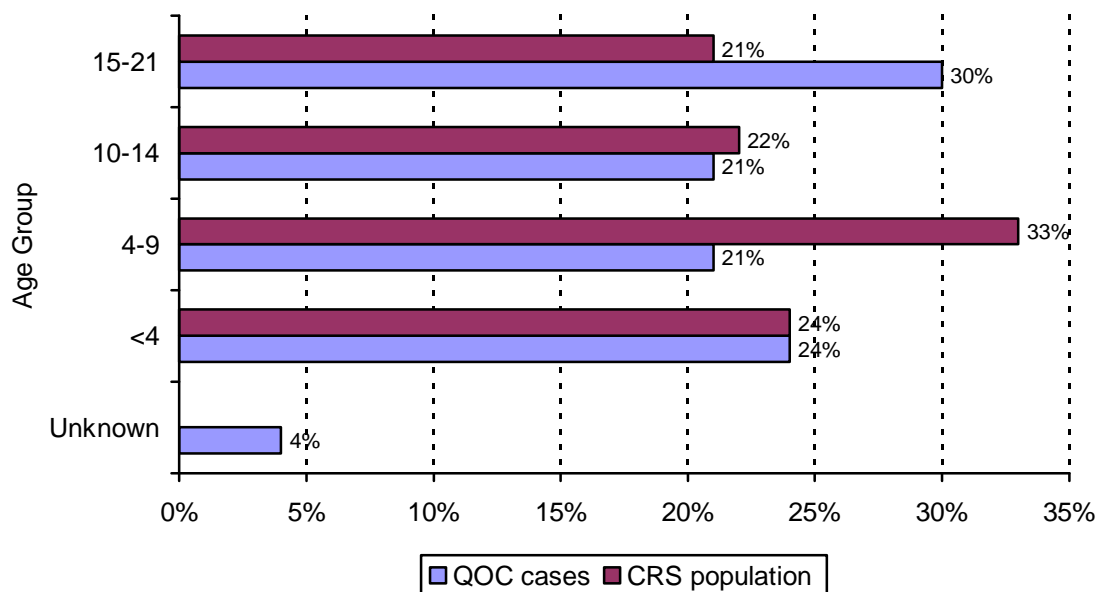
As seen in Figure 2, more than half of the quality of care cases from Site 2 were substantiated and one third of cases from Site 1 were substantiated.

Figure 2. Number of Quality of Care Cases by CRS Site and Status, FY08 YTD

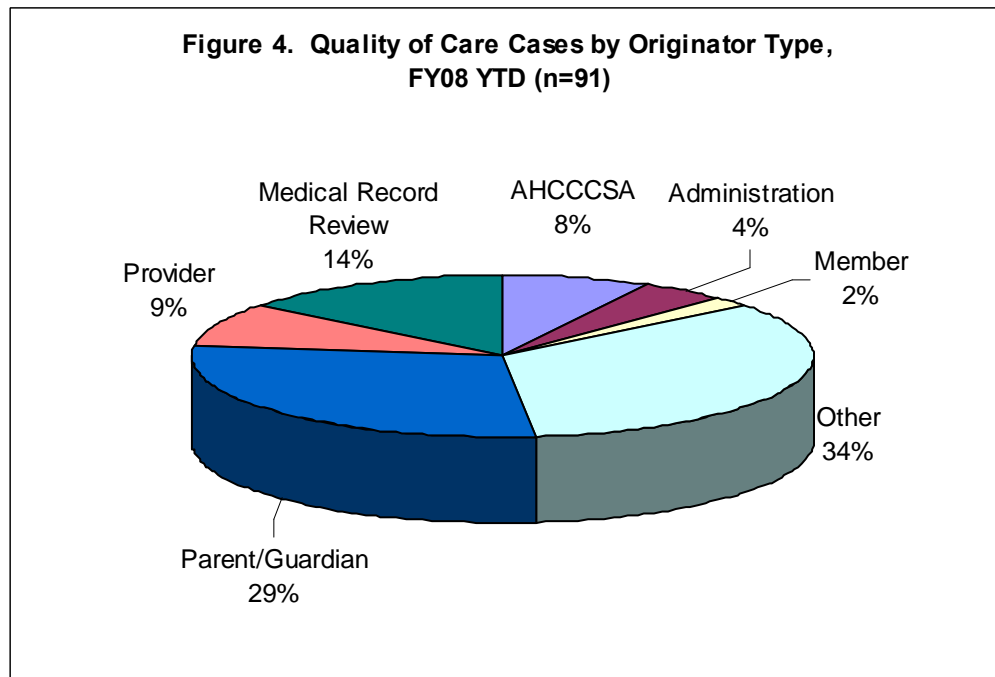


Members 15-21 years of age accounted for about a third of the quality of care allegations (n=27). There were four anonymous cases where the age of the member was unknown. Figure 3 shows the age distribution of children for whom allegations were submitted compared to the age distribution of the CRS population.

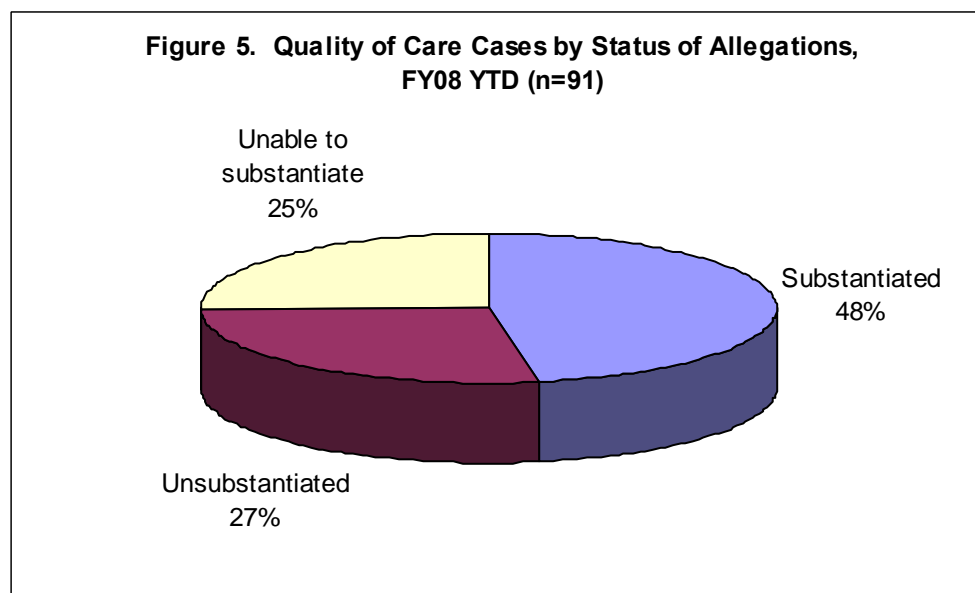
Figure 3. Age Group Distribution of CRS Population Compared to Quality of Care Cases, FY08 YTD



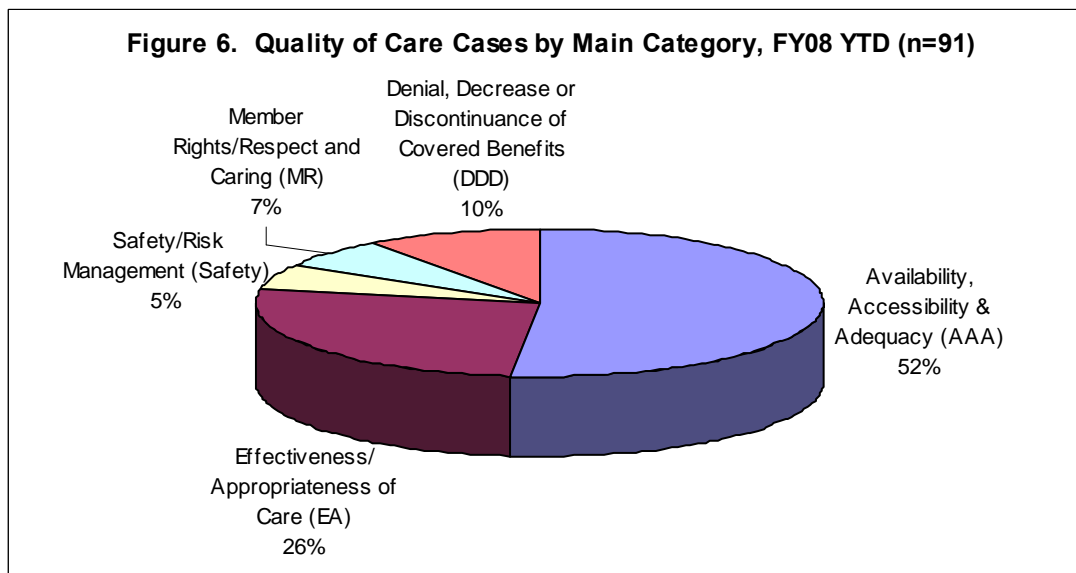
As seen in Figure 4, about a third of the quality of care allegations were filed by the parent/guardian (n=26) and another third were filed by those in the "Other" category (n=30) which includes CRS and CRSA QM/UM staff.



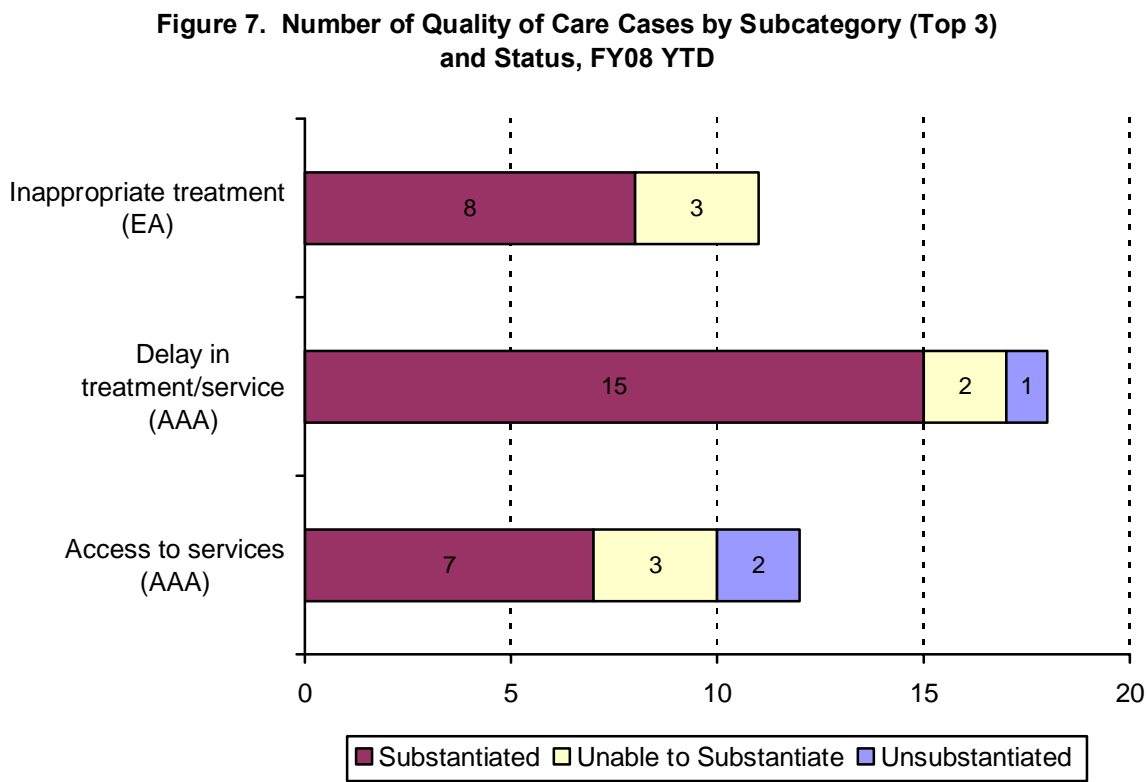
As seen in Figure 5, about half of the quality of care cases were substantiated (n=43), 27 percent (n=25) were unsubstantiated, and 25 percent (n=23) were unable to be substantiated.



As seen in Figure 6, over half of the quality of care cases were categorized as Availability, Accessibility & Adequacy (n=47) and 26 percent were categorized as Effectiveness/Appropriateness of Care (n=24).

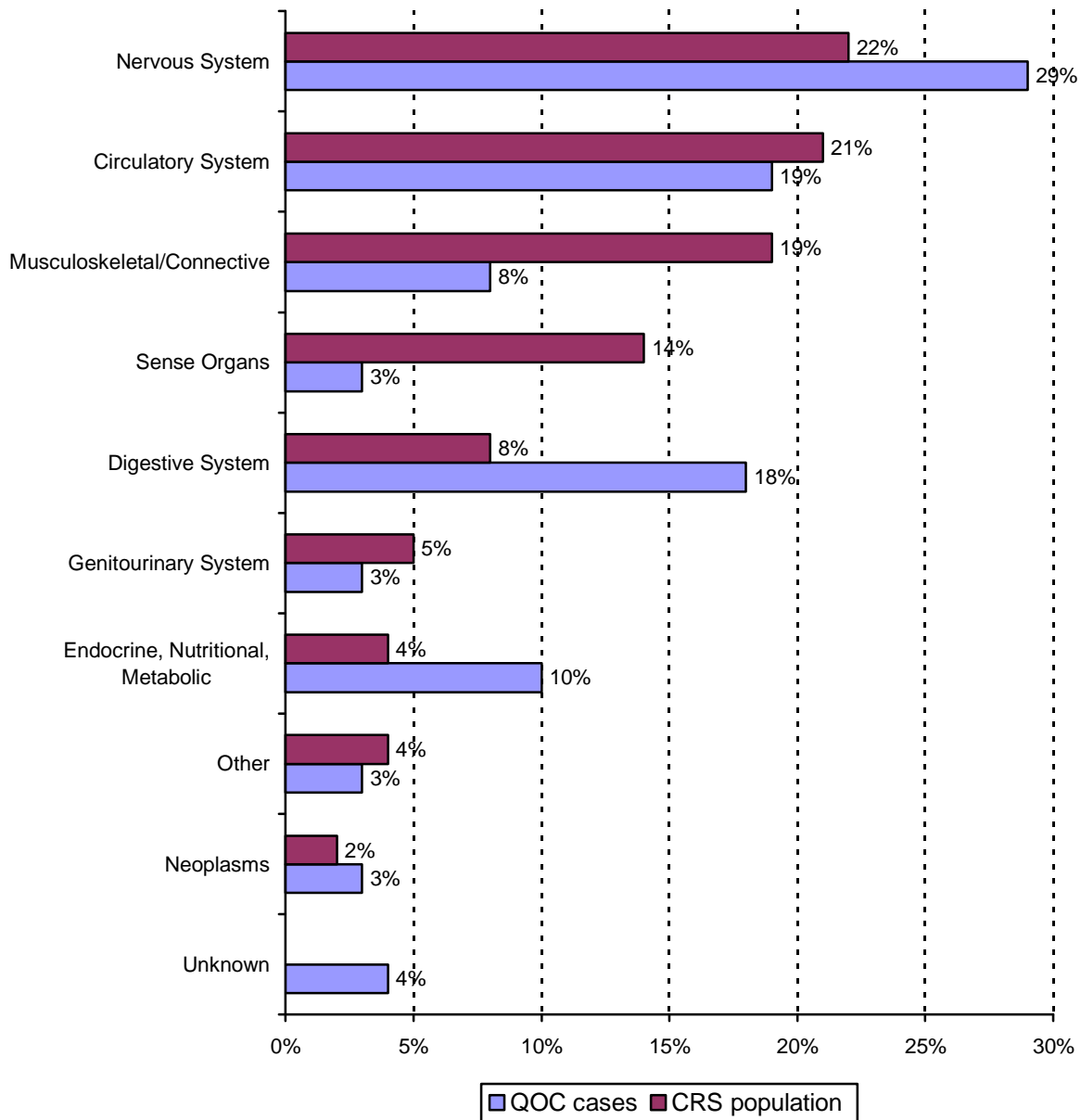


The quality of care allegations were identified into 22 subcategories. Figure 7 below illustrates the top three subcategories by status of allegation. The majority of these allegations were substantiated.



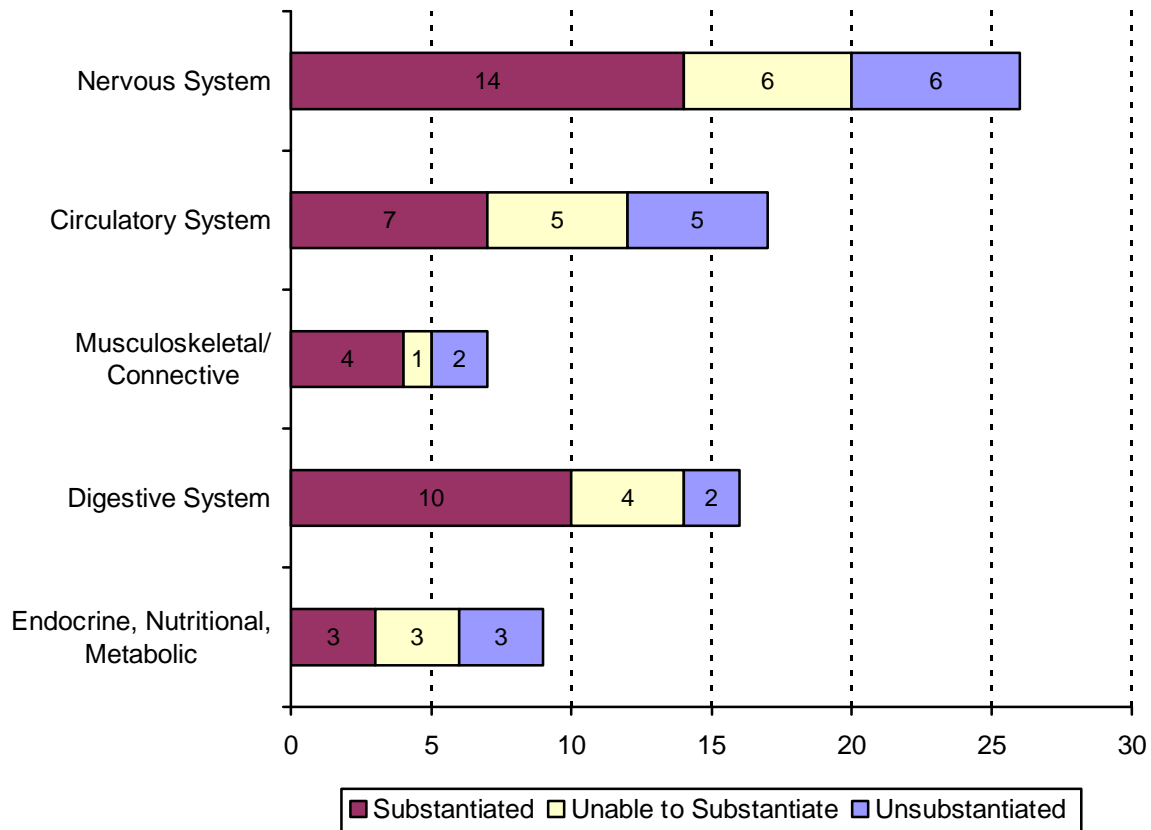
Twenty-nine percent of the quality of care cases were submitted on behalf of members with disorders of the nervous system (n=26). There were four anonymous cases where the primary diagnosis of the member was unknown. Figure 8 illustrates the distribution of diagnosis classes of children for whom allegations were submitted compared to the distribution of diagnosis classes of the CRS population.

Figure 8. Diagnosis Classes of CRS Population Compared to Quality of Care Cases



As seen in Figure 9, over half of the allegations that were submitted on behalf of members with nervous system, musculoskeletal/connective, and digestive system disorders were substantiated.

Figure 9. Number of Quality of Care Cases by Diagnosis Class (Top 5) and Status, FY08 YTD



The highest number of quality of care cases per 1,000 enrollees were among children with digestive system disorders (9.76) and children with endocrine, nutritional, and metabolic disorders (9.61). Table 2 shows the number of quality of care cases per 1,000 enrollees by diagnosis class.

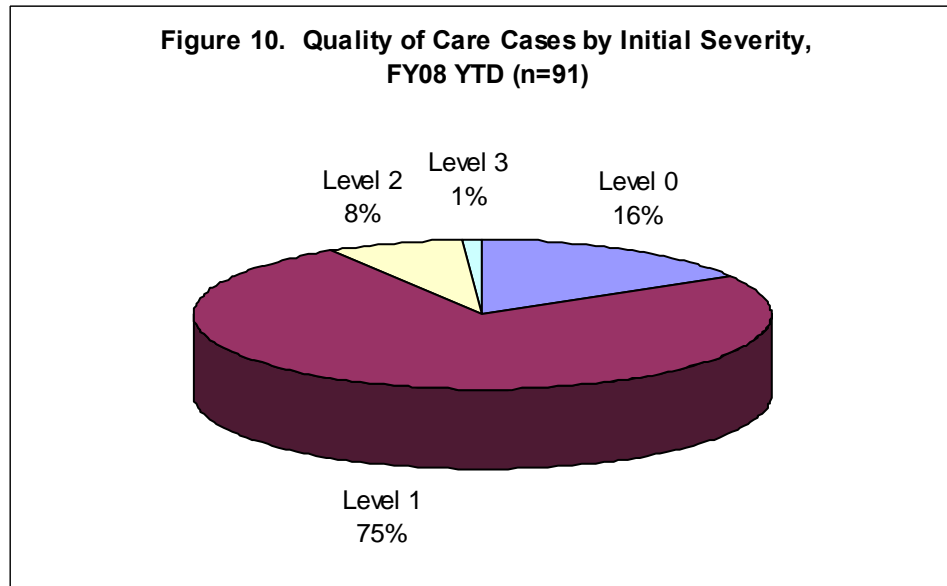
Table 2. Number of Quality of Care Cases per 1,000 members by Diagnosis, FY08 YTD

Diagnosis Class	Number of cases per 1,000 members
Digestive System	9.76
Endocrine, Nutritional, Metabolic	9.61
Neoplasm	5.89
Other	5.69
Nervous System	5.41
Circulatory System	3.67
Genitourinary System	2.72
Musculoskeletal/Connective	1.69
Sense Organs	1.02

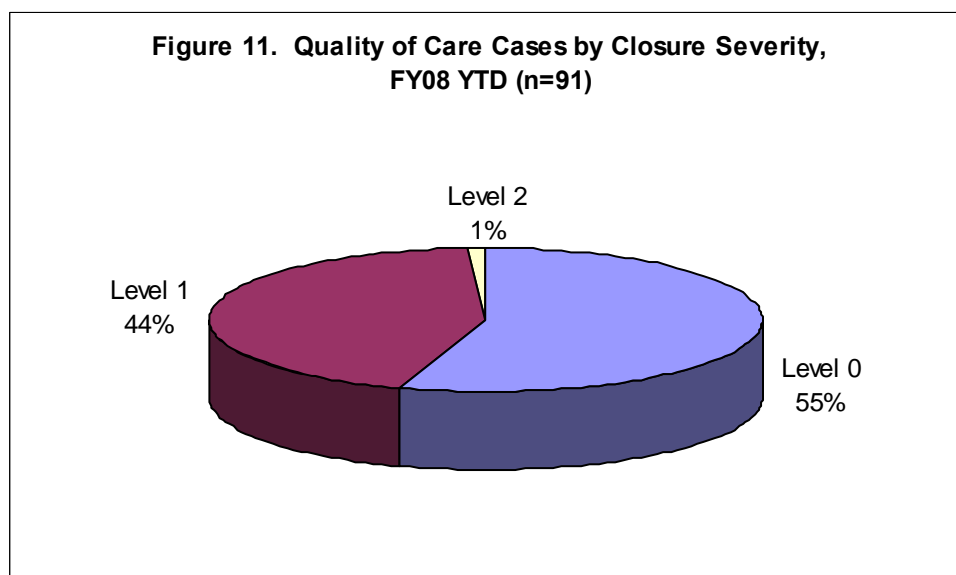
The severity of allegations are categorized as:

- Level 0: Track only
- Level 1: Issue that MAY impact the member if not resolved
- Level 2: Issue that WILL impact the member if not resolved
- Level 3: Issue that IMMEDIATELY impacts the member and is life threatening or dangerous

The majority of the quality of care issues were opened at a severity of Level 1 (n=68). Figure 10 illustrates the distribution of quality of care cases by initial severity.

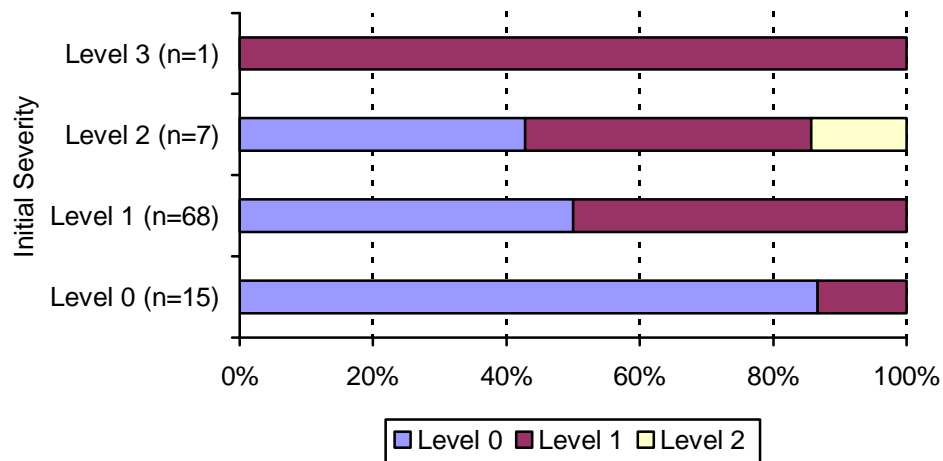


As seen in Figure 11, over half of the quality of care cases were closed at a severity level of 0 (n=50) and 44 percent were closed at a severity level of 1 (n=40).



There was one quality of care case that was opened at a severity level of 3 but was later closed at a Level 1. Of the cases that were opened with a severity level of 2, only one case remained at a Level 2 at the time of closure. Half of the cases that opened at a Level 1 were closed at a Level 0. There were two cases that opened at a Level 0 but were closed at a Level 1. Figure 12 shows the percent of quality of care cases that closed by initial severity.

Figure 12. Percent Closed by Initial Severity, FY08 YTD (n=91)



The average number of days from the opening of a case to closure was 26 days with a range of less than one day to 117 days. As seen in Figure 13, half of the quality of care cases closed in 20 days or less.

Figure 13. Time to Closure of Quality of Care Cases, FY08 YTD (n=91)

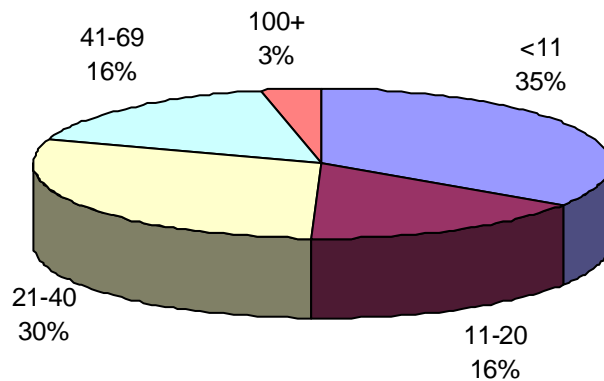


Table 3: Number of Quality of Care Interventions Implemented, FY08 YTD

Interventions	Number
Advocacy	29
Care Conference	2
Care Coordination	47
Counseling	4
Education	19
In-services/Training	5
Legal/Contractual	0
Legal/Criminal Prosecution	0
Member Contracts	0
Placement Change	0
Policy/Procedural Change	10
Provider Change	7
Referral/External	26
Referral/Internal	28
Referral/Peer Review	0
Resolution Monitoring	9
Sanctions/Recoupment	0
Service Plan/Treatment Change	0
Termination/Reduction/Suspension-Employee	0
Termination/Reduction/Suspension-Provider	0
Total	186